

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

CERTIFICATE OF DEATH

111103

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Bruce Collins.

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Divorced.

B.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 31st 1876. 6.(c) If alive, give age _____ years8. AGE: Years Months Days If less than one day
69 5 8 _____ hrs. _____ min.9. Birthplace Oakland, Md.
(Town, county, and state)10. Usual occupation Brick Layer.

11. Industry or business

FATHER 12. Name John Collins.13. Birthplace Pennsylvania,MOTHER 14. Maiden name Sarah Bosley.15. Birthplace Maryland.16. Informant Mrs. Edith Baker.Address Hutton, Md.17. Burial Date thereof Nov. 10th/45
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Oakland Cemetery.Location Oakland, Md.18. Funeral director Emory D. BoldenAddress Oakland, Md.19. 11/9/45 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8th 1945 at 7:10 p.m.21. I CERTIFY that death occurred on the date above stated: (that I attended deceased from
Examined after death 19
and that I last saw him _____ alive on _____ 19Immediate cause of death Coronary Occlusion DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Edith Baker Deputy Med.Address Oakland, Md. M. D. or other 11/9/45

Date signed _____

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
NOV 26 1945
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1980
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Mrs. Mary Bowman Gnegy.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow.
 6.(b) Name of husband or wife John S. Gnegy.
Deceased 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) April 4th, 1866
 8. AGE: Years Months Days If less than one day
79 7 9 hrs. min.

9. Birthplace Cole Bank, W. Va.
 (Town, county, and state)
 10. Usual occupation House wife.
 11. Industry or business

FATHER
 12. Name Solomon Bowman.
 13. Birthplace England.
MOTHER
 14. Maiden name Elizabeth Summy.
 15. Birthplace Unknown

16. Informant Mrs. Harry Moon.
 Address Oakland, Md.
 17. Burial Date thereof Nov. 16th/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Gnegy Cemetery.
 Location Gnegy Church, Md.

18. Funeral director Emory Bolden
 Address Oakland, Md.
Nov-14- 19-45 Julia Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13th, 1945, et M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 1940, to November 1945
 and that I last saw him alive on November 13 1945

Immediate cause of death Carcinoma of Gall Bladder
 DURATION
 Due to
 Due to
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations none
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE E. D. Baumgartner M.D.
Oakland, Md. M. D. or other
 Address Date signed 4/14/45

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
NOV 26 1945
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7450

CERTIFICATE OF DEATH

11105

Reg. Dist. No. 164

1. PLACE OF DEATH:

County Garett
 City or town Accident
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 Weeks
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Allegany
 City or town Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 200 Decator St
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

Gilbert Edward Henftling

3. (b) Social Security Number

220-10-0941

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MWMarried6. (b) Name of husband or wife Emma Frances Appel6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) July 8, 18838. AGE: Years Months Days If less than one day
62 4 16 hrs. min.9. Birthplace Accident Garrett Co - MD
(Town, county, and state)10. Usual occupation Watchman11. Industry or business Vang Construction CO12. Name Alexander Henftling13. Birthplace Baltimore MD14. Maiden name Margoretto Goerig15. Birthplace Accident MD16. Informant Violet HanftlingAddress 200 Decator St17. Burial Date thereof 11-27-1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory HillcrestLocation Cumberland MD18. Funeral director Wm WinterbergAddress Grantsville MD19. Nov 25 - 1945 Emmanuel Spierlein
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24, 1945 at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Hammer after death 19

and that I last saw him alive on 19

Immediate cause of death

Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ed. Baumgartner Deputy Med.

M. D. or other

Address Daicland MD Date signed 11/24/45

RECEIVED
NOV 27 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11296

1. PLACE OF DEATH:

County... Garett
 City or town... Rural Near Bittinger
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 50 Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Md County... Garett
 City or town... Rural Near Bittinger Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

John Legeer

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Lizzie Legeer6.(c) If alive, give age 78 years7. Birth date of deceased (mo., day, yr.) March 16- 1863

8. AGE: Years 82 Months 8 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace... Ireland
(Town, county, and state)10. Usual occupation... Coal Miner

11. Industry or business

12. Name Jacob Legeer13. Birthplace Ireland14. Maiden name Not Known15. Birthplace Not Known16. Informant John Legeer JrAddress Bittinger Md17. Burial Date thereof 11-27-1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BittingerLocation Bittinger Md18. Funeral director Wm WinterburgAddress Grantsville Md19. Nov. 26 45 J.B. Emory
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1945 at 2:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1945 to Nov 24 1945 and that I last saw him alive on Nov 23 1945Immediate cause of death Cerebral Myocarditis DURATION 2 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

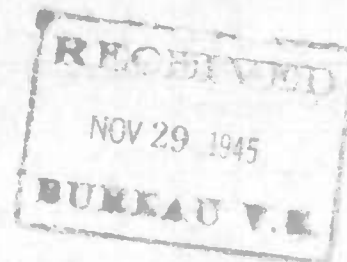
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. R. Davis M.D. M. D. or otherAddress Grantsville Md Date signed Nov 25



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11107 166

1. PLACE OF DEATH:

County Garrett
 City or town Rural Swanton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 days
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State West Virginia County Monongahela
 City or town Morgantown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 229 Park St.
 (If rural, give LOCATION)

 2.(a) If veteran, name war -----

3.(a) FULL NAME

Neva Inez Grace Melnicoff

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Louis Melnicoff
 6.(c) If alive, give age 52 years
 7. Birth date of deceased (mo., day, yr.) February 15, 1905
 8. AGE: Years 40 Months 9 Days 6 If less than one day
 ----- hrs. ----- min.

9. Birthplace Garrett Co., Md.
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business Own Home

FATHER 12. Name James M. Bowers
 13. Birthplace Garrett Co., Md.
 MOTHER 14. Maiden name Emma Riley
 15. Birthplace Garrett Co., Md.

16. Informant Paul Bowers
 Address Swanton, Md.

17. Bubial Date thereof Nov. 24, 1945
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory White Church Cemetery
 Location 5 Mi. So. Mt. Lake Park

18. Funeral director Herbert C. Leighton
 Address Oakland, Md.

19. Nov-23-45 19 45 Julius Rawan Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1945, 7:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on Arrival
 and that I last saw him alive on -----

Immediate cause of death Cerebral Thrombosis
 Due to Arteriosclerotic Fibillation
 Due to Acute Rheumatic Fever (25 years ago)
 Other conditions -----
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations ----- Date of op. -----

Autopsy results -----
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide. Date of -----
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury ----- Injured at work? -----

23. SIGNATURE Ralph Colandrea md M. D. or other
 Address Kitzmiller md. Date signed 11/24/45

CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

DISSEMINATED TUBERCULOSIS

OTHER

DATE OF REPORT

SIGNATURE OF PHYSICIAN

DATE OF SIGNATURE

PLACE OF SIGNATURE

NAME OF PHYSICIAN

ADDRESS OF PHYSICIAN

CITY

STATE

COUNTY

ZIP CODE

TELEPHONE

POST OFFICE

STREET

CITY

STATE

COUNTY

ZIP CODE

RECEIVED

DEC 19 1945

BUREAU V.B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11108

Reg. Dist. No. 170

1. PLACE OF DEATH:

County... Garett
 City or town... Merrill on Star Route From Barton Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 Years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Md County... Garett
 City or town... ON Star Route From Barton Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lilly Florence Merrill

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced
Married

6.(b) Name of husband or wife... John Merrill

7. Birth date of deceased (mo., day, yr.) October 23 - 1875 8.(c) If alive, give age 72 years

8. AGE: Years 70 Months -- Days 23 If less than one day
 hrs. min.

9. Birthplace... Avilton Md
 (Town, county, and state)

10. Usual occupation... House Work

11. Industry or business

12. Name... Thomas Chaney13. Birthplace... Avilton Md14. Maiden name... Josephene Porter15. Birthplace... Eck hard Md16. Informant... Bernard MerrillAddress... Barton Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 11-19- 1945
 (month) (day) (year)

Cemetery or crematory... MerrillLocation... On Star Route From Barton Md18. Funeral director... Wm WintubergAddress... Grantville Md

19. Nov 17 19 45 Geo B Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Nov 16 19 45 at 9:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 16 19 45 to Nov 16 19 45
 and that I last saw him/her alive on Nov 16 19 45

Immediate cause of death... Diabetes mellitus

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... N. R. Davis M.D.
Grantville Md M. D. or other
 Date signed Nov 17

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DEC 3 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland,
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 117-51 D-7-9-43-#827-07-35
 (If rural, give LOCATION)
 2.(a) If veteran, name war World war 2

3. (a) FULL NAME

Walter Franklin Moomaw.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife Darris Edwards Moomaw,
 8.(c) If alive, give age 18 years
 7. Birth date of deceased (mo., day, yr.) May 5 1925.
 8. AGE: Years 20 Months 6 Days 25 It less than one day _____ hrs. _____ min.

9. Birthplace Mt Lake Park, Md.
 (Town, county, and state)
 10. Usual occupation Sailor U.S.Navy
 11. Industry or business _____

12. Name Walter H. Moomaw.
 13. Birthplace Schell, W. Va.
 14. Maiden name Gladys Irene Riley.
 15. Birthplace Mt. Lake Park.

16. Informant Walter H. Moomaw.
 Address Mt. Lake Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Dec 3/45
 (month) (day) (year)
 Cemetery or crematory Pleasant Valley Cemetery.
 Location Pleasant Valley, Md.

18. Funeral director Emory D. Balder.
 Address Oakland, Md.

19. 12/21 19 45 Julius Town
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 19 45 at 1130 p. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Examined after death 19 _____
 and that I last saw h. _____ alive on _____ 19 _____
 Immediate cause of death Intervening hemiplegia DURATION _____
Multiple depressed fractures
partial complete parietal skull
 Due to _____
 Due to _____
 Other conditions Amputation left leg, fracture
cervical vertebrae
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 11/30/45
 Where did injury occur? Oakland Garrett Md
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Railroad track
 Means of Injury Shovel locomotive at work? no
 23. SIGNATURE L. J. Baumgartner and D. Hamer
 M. D. or other Surgeon
 Address Oakland Md Date signed 12/2/45

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RECEIVED

RECEIVED

DEC 19 1945

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

CERTIFICATE OF DEATH

11110

Reg. Dist. No. 170

1. PLACE OF DEATH:

County GarrettCity or town Near Avilton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County GarrettCity or town Near Avilton Md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Gertrude Robeson

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Howard Robeson

5. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

June 14, 1881

8. AGE:

Years

Months

Days

If less than one day

6457

hrs.

min.

9. Birthplace Finzel Md

(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name Jeremiah McKenzie13. Birthplace Not KnownMOTHER 14. Maiden name Not Known15. Birthplace Not Known16. Informant Howard RobesonAddress Avilton Md17. Burial

(Burial, cremation, or removal, Which?)

Date thereof II-24-1945
(month) (day) (year)Cemetery or crematory St AnnsLocation Avilton Md18. Funeral director Wm WinterburgAddress Grantsville Md19. Nov 22 19 45

(Date rec'd by registrar)

Geo B Brown

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 19 45 at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1 19 45 to Nov 21 19 45
and that I last saw him alive on Nov 21 19 45Immediate cause of death Carcinomaof stomach andsmall intestines

DURATION

1 1/2

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

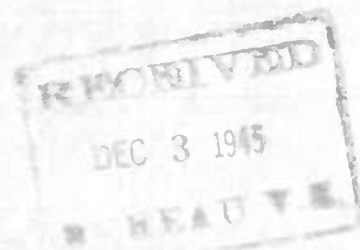
Means of injury _____

Injured at work? _____

23. SIGNATURE M. R. Davis M.D.

M. D. or other

Address Grantsville Md Date signed Nov 22



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

CERTIFICATE OF DEATH

Reg. Dist. No. 11111 166

1. PLACE OF DEATH:

County GarrettCity or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Several Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John William Whorton.

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married.6.(b) Name of husband or wife Edna Arnold Whorton.6.(c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) September 13th, 1862.

8. AGE: Years Months Days If less than one day

73122

.....hrs.min.

9. Birthplace Maryland.
(Town, county, and state)10. Usual occupation Plaster and Contractor.

11. Industry or business

12. Name John Whorton.13. Birthplace Maryland.14. Maiden name Martha E. Rice.15. Birthplace Maryland.16. Informant Mrs. Edna Whorton.Address Oakland, Md.17. Burial Date thereof November 7/45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oakland, CemeteryLocation Oakland, Maryland.18. Funeral director Emory B. Bolden.Address Oakland, Md.19. 1966 1945 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

PM

20. DATE OF DEATH November 4th 1945 at 11:10 M21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Jan 1 1944 to Nov 4 1945and that I last saw him on Nov Oct 27th 1945Immediate cause of death MyocardialInfarctionDue to Heart blood 1944Diagnosed 30 days beforeDue to MyocardialChronicOther conditions Heart block

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M.C. Furbush M. D. or otherAddress Oakland Md Date signed 11/5/45

RECEIVED

NOV 26 1945

BUREAU V K

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

11112 8 172
Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
City or town Rural, near Lonaconing
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: _____
Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Allegheny
City or town Lonaconing Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Charles William Hilt

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary Jane Metts

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1874

8. AGE: Years 70 Months 10 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Garrett County, Pa. - Near Bond
(Town, county, and state)

10. Usual occupation Coal Mining (Retired)

11. Industry or business Hampshire Mine

12. Name Salem Hilt

13. Birthplace Unknown

14. Maiden name Sara Fortz

15. Birthplace Unknown

16. Informant Mrs. Ellsworth Gardner

Address Lonaconing, Md.

17. Burial Date thereof Nov. 4, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Hill Cemetery

Location Lonaconing, Md.

18. Funeral director M. Eichhorn

Address Lonaconing, Md.

19. Nov. 3 19 45 Dr. St. Omer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 19 45, at 3:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Hammered after to death 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Coronary Occlusion

Due to Atherosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

01 operations _____

01 autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Edmund H. D. Green M. D. or other _____

Address Danland Md Date signed 11/2/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

CERTIFICATE OF DEATH

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NOV 6 1945

BUREAU V.S.

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